

Date: October 2, 1998

DSL-BQA-98-055
Supersedes 91-039

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From: Judy Fryback, Director
Bureau of Quality Assurance

<p style="text-align: center;">Management of Patients with Antibiotic Resistant Organisms in a Variety of Health Care Settings</p>

In response to concerns and questions from health-care providers in Wisconsin about the proper procedures to follow when caring for persons with conditions caused by organisms that are resistant to antibiotics, a collaborative group of health care professionals, led by the Wisconsin Division of Public Health (formerly the Bureau of Public Health), has prepared a manual to assist you with the care of such persons. The manual is titled *Management of Patients with Antibiotic Resistant Organisms in a Variety of Health Care Settings*. It presents background information about drug resistant organisms and provides guidelines for managing persons who are colonized (asymptomatic) or infected (symptomatic) with drug resistant organisms. The manual **replaces** the September 1991 guideline that addressed Methicillin-Resistant Staphylococcus Aureus (MRSA) (POH 4499) and had applicability to all health care providers. Please review the contents of the new manual within the context of the regulations for your particular health care, residential care or community setting.

While the manual should assist you in meeting the rules and regulations that apply to your particular health care, residential care, or community setting service, it is **not** a regulation in and of itself. Therefore, as a supplement to the manual, we are providing a review of the federal Health Care Financing Administration (HCFA) regulations as stated in the Code of Federal Regulations (CFR) and the Wisconsin administrative rules that most closely relate to the manual's treatment of infection control in a variety of health and community care settings.

If you have any questions about the manual and how it relates to the rules and regulations that apply to your particular health and community care setting, please call the Bureau of Quality Assurance section or regional office identified at the end of this memorandum for your provider type. If your question is

related to the epidemiology of a particular organism, please call the Division of Public Health, Bureau of Communicable Disease, (608) 267-9003.

The manual does not address issues related to managing staff with infections or screening of staff for infections. Any specific requirements in your regulations that address infection control regarding staff should still be followed. Other requirements and guidelines pertaining to staff infection control are specified in current Centers for Disease Control (CDC) guidelines and under the Occupational Health and Safety (OSHA) requirements.

Hospitals

Pages 27-32 of the accompanying manual are specifically applicable to hospitals' provision of acute care. Hospitals with dialysis units should review pages 49 to 53 of the manual, relating to outpatient dialysis units.

The manual's guidelines may be incorporated into the programs, policies, and procedures of the hospital and may be utilized in meeting both the federal and state infection control requirements. There is no conflict between these guidelines and the state ch. HFS 124, Wisconsin Administrative Code requirements. Section HFS 124.08(1) directs hospitals to provide "an active program for the prevention control and investigation of infections and communicable diseases" and section HFS 124.08(2)(c)2. directs hospitals to "establish written infection control policies which govern the use of aseptic technique and procedures in all areas of the hospital."

The applicable federal HCFA regulations for hospitals are found at 42 CFR 482.42. They state that hospitals "must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control and investigation of infections and communicable diseases."

The manual may be also be useful in meeting Joint Commission on Accreditation of Healthcare Organizations (JACHO) regulations that require infection control policies and practices.

End Stage Renal Dialysis Units (ESRDs)

Pages 49-53 of the accompanying manual are specifically applicable to outpatient dialysis units. The manual's guidelines may be used to comply with federal requirements found at 42 CFR 405.2136(d)(2) and 42 CFR 405.2140(c) as they relate to infection control in ESRDs. Wisconsin has no corresponding state administrative rules for dialysis units.

Ambulatory Surgery Centers (ASCs)

The guidelines outlined in the accompanying manual, particularly those on pages 63-66, may be used in meeting the federal requirements at 42 CFR 416.44 that require the ASC to "...have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients" and the requirement at 42 CFR 416.44 (a) (3), "The ASC must establish a program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to appropriate authorities." Wisconsin has no corresponding state administrative rules for ambulatory surgery centers.

Nursing Homes and Facilities for the Developmentally Disabled (FDDs)

Pages 33-42 of the accompanying manual are specifically applicable to nursing homes and FDDs.

Wisconsin administrative rules for nursing homes (HFS 132) and for FDDs (HFS 134), at section HFS 132.51(2)(b)2. and section HFS 134.51(1)(c)2., state the following: “Persons suspected of having a disease in a communicable state shall be managed substantially according to *Guideline for Isolation Precautions in Hospitals* and *Guideline for Infection Control in Hospital Personnel and Universal Precautions for Prevention of Blood-borne Pathogens in Health Care Settings*, published by the U.S. department of health and human services, public health services, centers for disease control.” Universal precautions have been replaced with “Standard Precautions and Transmission-based Precautions,” as explained in the January 1996 version of the CDC *Guideline for Isolation Precautions in Hospitals*, which was sent to all nursing homes with BQC memo 96-022 on May 7, 1996. Although nursing homes are not hospitals, the principles for standard and transmission-based precautions are to be adapted and utilized when residents in the nursing home are infected or colonized with antibiotic-resistant organisms. This guideline contains further information that will assist the nursing home in providing up-to-date care of these individuals.

The federal HCFA nursing home regulations found at 42 CFR 483.65(a)(1), (2) and (3) require that “The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it:

- (1) Investigates, controls and prevents infections in the facility;
- (2) Decides what procedures, such as isolation, should be applied to an individual resident; and
- (3) Maintains a record of incidents and corrective actions related to infections.”

Federal regulations for ICF-MRs found at 42 CFR 483.470(L) require that the facility must:

- (1) Provide a sanitary environment to avoid sources and transmission of infections. There must be an active program for the prevention, control, and investigation of infection and communicable diseases.
- (2) Implement successful corrective action in affected problem areas.
- (3) Maintain a record of incidents and corrective actions related to infections.
- (4) Prohibit employees with symptoms or signs of a communicable disease from direct contact with clients and their food.

The guidelines in the manual developed by the Bureau of Public Health (now the Division of Public Health) are consistent with the CDC guidelines and with state and federal regulations, if properly implemented, based upon the clinical facts related to infections.

Home Health Agencies

Pages 43-48 of the accompanying manual are specifically applicable to home health agencies.

Wisconsin administrative rules, Section HSS 133.06(4)(d)3., require home health agencies to “develop and implement written policies for control of communicable diseases...” Home health agencies may incorporate this guideline into their infection control policies and procedures and should be aware of the concepts and principles in it when providing care to a patient who has an antibiotic-resistant infection or colonization.

Federal regulations for home health agencies found at 42 CFR Part 484.30(a) require that “The registered nurse...initiates appropriate preventative and rehabilitative nursing procedures.” The guidance in this manual will enable nurses to initiate appropriate infection control procedures for patients who are infected or colonized with antibiotic-resistant organisms.

Hospices

Pages 43-48 of the accompanying manual are specifically applicable to hospices providing home care.

Wisconsin administrative rules pertaining to infection control by hospices are found at sections HSS 131.31(3)(c) and HSS 131.33(5). Section HSS 131.31(3)(c) requires hospices to “monitor adherence to the U.S. centers for disease control (CDC) recommended protective measures, known as universal blood and body-fluid precautions,...” (now updated as standard and transmission-based precautions – see BQC Memo 96-022, which was sent to all hospices on May 7, 1996) “...When monitoring reveals a failure to follow recommended precautions, counseling, education or re-training shall be provided and, if necessary, appropriate disciplinary action shall be taken for failure to comply with policies under this subsection.” Section HSS 131.33(5) of Wisconsin’s rules require hospices to “develop and implement written policies for control of communicable diseases which take into consideration control procedures incorporated by reference in ch. HSS 145.”

Federal regulations for hospices found at 42 CFR Part 418.82(c) require that “Services must be provided in accordance with recognized standards of practice.” Hospice nurses will be able to use this manual to implement patient care that meets these regulations.

Adult Day Care

Pages 55-58 of the accompanying manual are specifically applicable to adult day care providers.

Wisconsin has no administrative rules pertaining to adult day care providers. However, Wisconsin has certification standards for this service that providers must meet before receiving state certification. Standard I.A.(1)(g) requires providers to state “how the program will handle situations when a participant arrives at the site with a communicable illness or develops such an illness while at the site.”

There are no corresponding federal regulations for adult day care.

Community Based Residential Facilities

Pages 55-58 of the accompanying manual are specifically applicable to community based residential facilities (CBRFs).

Wisconsin administrative rules pertaining to infection control by CBRFs are found at section HFS 83.13(5). Section HFS 83.13(5) requires community based residential facilities to “establish and follow an infection control program using the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens for any employee who may be occupationally exposed to blood and any other potentially infectious material.” The rules also require the facility’s infection control program “to include a written policy and training in and implementation of the universal precautions.” Universal precautions have been replaced with “Standard Precautions and Transmission-based Precautions,” as explained in the CDC Guideline for Isolation Precautions in Hospitals that was updated in January 1996. Although CBRFs are not hospitals, the principles for standard and transmission-based precautions are to be adapted and utilized when a resident in the CBRF is infected or colonized with an antibiotic-resistant organism. This guideline contains information that will assist the CBRF in providing up-to-date care of these individuals.

There are no corresponding federal regulations for community based residential facilities.

Residential Care Apartment Complexes (formerly known as Assisted Living Facilities)

Pages 55-58 of the accompanying manual are specifically applicable to residential care apartment complexes.

Wisconsin administrative rules, ch. HFS 89, apply to residential care apartment complexes (formerly known as assisted living facilities) as established on August 21, 1997, by 1997 Wisconsin Act 13. Section HFS 89.23 (4)(a) 2., requires that “Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act...” Section HFS 89.23 (4)(d)1. requires that “All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility’s emergency plan,...” Universal precautions have now been replaced by standard precautions and transmission-based precautions by the CDC guidelines. This manual can be used for proper delegation of nursing services and for staff training in the updated standard and transmission-based precautions that are needed if a resident is infected or colonized with an organism that is resistant to antibiotics.

There are no corresponding federal regulations for residential care apartment complexes.

Adult Family Homes

The guidelines outlined in the accompanying manual may be used in complying with Wisconsin administrative rule requirements at section HSS 82.06(4)(b) for adult family homes requiring *certification* and section HSS 88.06(2) for adult family homes requiring *licensure*. Section HSS 82.06(4)(b) states “The sponsor shall immediately notify the service coordinator of any life-threatening, disabling or serious illness or injury sustained by a resident which requires medical treatment or absence from home for more than 24 hours.” Section HSS 88.06(2)(a) states that residents of licensed adult family homes that will be staying at the home longer than seven days receive “a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis.

A physician, a registered nurse or a physician assistant may provide screening for communicable disease. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.”

There are no corresponding federal regulations for adult family homes.

Nurse Aide Training Programs

The guidelines outlined in the accompanying manual may be used in complying with Wisconsin administrative rule requirements at section HSS 129.07(2)(c) pertaining to the contents of an acceptable curriculum of an instructional program for nurse aides. Section HSS 129.07(2)(c) requires the curriculum of such instructional programs to include the theory and practice of nursing skills, including “...maintaining infection control and safety standards.” Specifically, sections HSS 129.07(2)(c)19. and 20. require instructional programs to address how to “make use of proper isolation techniques” and “perform commonly accepted infection control practices, including proper gloving technique and proper disposal of blood and body fluids and secretions.”

Corresponding federal regulatory requirements found at Subpart D of 42 CFR 483.152(b) requires that “The curriculum of the nurse aide training program must include—(1) At least a total of 16 hours of training in the following areas prior to any direct contact with at resident:...(ii) Infection control.” This manual can be used as one of your resources in the development of this curriculum requirement.

Outpatient Rehabilitation

Pages 63-66 of the accompanying manual are specifically applicable to ambulatory care facilities such as outpatient rehabilitation facilities.

Wisconsin has no state administrative rules pertaining to outpatient rehabilitation facilities.

Federal regulations for such facilities are found at Subpart Q of 42 CFR 405.1724. This condition of participation requires that “The organization that provides outpatient physical therapy services establishes an infection-control committee of representative professional staff with responsibility for overall infection control.” There are four standards in this section that are to be followed, including one that requires “Written effective procedures in aseptic techniques are followed by all personnel.” and “Procedures are reviewed and revised annually for effectiveness and improvement.” The manual can be used to ensure that the overall infection control practices in the rehabilitation center are effective in controlling the spread of organisms, especially those organisms that are resistant to antibiotics.

Rural Health Clinics

Pages 63-66 of the accompanying manual are specifically applicable to ambulatory care facilities such as rural health clinics.

Wisconsin has no state administrative rules pertaining to rural health clinics.

Federal regulations found at Subpart A of 42 CFR 491.9 (b)(1) require that “The clinic’s or center’s health care services are furnished in accordance with appropriate written policies which are consistent with applicable state law.” Section 491.9 (b)(3)(ii) requires that the patient care policies include “guidelines for the medical management of health problems which include the conditions requiring

medical consultation and/or patient referral..." Rural health clinics can use this manual to establish patient care policies that prevent the spread of infectious organisms and provide for the medical management of health problems related to infectious organisms.

Questions concerning this topic can be directed to the following contact persons:

Nursing Homes, Facilities for the Developmentally Disabled, Community Based Residential Facilities, Adult Family Homes, and Adult Day Care Centers should contact their Regional Office:

Southern Regional Office 3514 Memorial Drive Madison, WI 53704-1162	Phyllis Tschumper Regional Field Operations Director	(608) 243-2374 FAX: (608) 243-2389
Southeastern Regional Office 819 N. 6th St., Rm. 875 Milwaukee, WI 53203-1606	Tony Oberbrunner, RFOD Regional Field Operations Director	(414) 227-4908 FAX: (414) 227-4139
Northeastern Regional Office 200 N. Jefferson St., Suite 211 Green Bay, WI 54301-5182	Pat Benesh, RFOD Regional Field Operations Director	(920) 448-5249 FAX: (920) 448-5254
Northern Regional Office 1853 N. Stevens Street P.O. Box 1246 Rhineland, WI 54501-1246	Marianne Missfeldt, RFOD Regional Field Operations Director	(715) 365-2802 FAX: (715) 365-2815
Western Regional Office 312 South Barstow St., Suite #1 Eau Claire, WI 54701-3667	Joe Bronner, RFOD Regional Field Operations Director	(715) 836-4753 FAX: (715) 836-2535

Hospitals, Home Health Agencies, Hospices, Nurse Aide Training Programs, End Stage Renal Dialysis Units, Ambulatory Surgery Centers, Rural Health Clinics, Residential Care Apartment Complexes and Outpatient Rehabilitation Providers should contact:

Health Services Section 111 W. Wilson Street, P.O. Box 309 Madison, WI 53701-0309	Beth Stellberg, Chief	(608) 266-3878 FAX: (608) 266-1518
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Enclosure

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